

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

PAGE 1/2
RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
12 DEC 10 PM 3:26

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Elizabeth for MA, Inc.

ADDRESS (number and street) P.O. Box 290568

Check if different than previously reported. (ACC)

Boston

CITY

MA

STATE

02129

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00500843

3. IS THIS REPORT

☒ NEW (N)

OR

AMENDED (A)

4. STATE DISTRICT

MA

00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)
and/or Semi-annual Report

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)
and/or Semi-annual Report

July 31 Mid-Year
Report (Non-election
Year - PAC/Party) (MY)
and/or Semi-annual Report

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period
Special (12S) Convention (12C)

Election on M M / D D / Y Y Y Y in the State of See Line 6(b)

(d) 30-Day POST-Election Report for the: ☒ General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period

Election on M M / D D / Y Y Y Y in the State of MA See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30
10 18 2012 11 26 2012
July 1 - December 31

7. Total Reportable Bundled Contributions by

Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

, 20776.73

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bruce Mann

Signature of Treasurer

Date

11 26 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3L

02/2009

12021270001